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| **TB CARE I**

# **Nigeria**

**Year 1  
Quarterly Report  
April 2011 - June 2011**

**July 29th, 2011**

## Quarterly Overview

<b>Reporting Country</b>	<b>Nigeria</b>
<b>Lead Partner</b>	<b>KNCV</b>
<b>Collaborating Partners</b>	<b>FHI, MSH, WHO</b>
<b>Date Report Sent</b>	Friday, July 29, 2011
<b>From</b>	KNCV CO
<b>To</b>	Temitayo Odusote
<b>Reporting Period</b>	<b>April-June 2011</b>

<b>Technical Areas</b>	<b>% Completion</b>
1. Universal and Early Access	16%
2. Laboratories	3%
4. PMDT	18%
6. Health Systems Strengthening	20%
7. M&E, OR and Surveillance	0%
<b>Overall work plan</b>	<b>11%</b>

### Most Significant Achievements

The PMU selected Nigeria for the Core Project on Rapid Expansion of GeneXpert/MTB RIF. PMU Representatives (Maarten van Cleeff/Sanne van Kampen/Manuela Rehr) visited Nigeria from May 22-29 2011. The purpose of the mission to Nigeria was to: 1) Support development of implementation plans for Xpert MTB/RIF 2) Advise on development of diagnostic protocols, M&E and operational research 3) Mobilize partners for Xpert roll-out and operation research 4) Visit implementation sites and support preparation for Xpert roll-out 5) Agree on next steps and action points. The Focal Point for the project is Dr. Segun Obasanya (National Coordinator). The Country GeneXpert Advisory Team consists of representatives of the NTBLCP, Reference Laboratories in NIMR and Zaria, NASCAP, WHO, KNCV, FHI/GHAIN, USAID, CDC, Zankli Medical Center, CSOs, Nigerian Medical Laboratory Counsel and a State TBL Control Officer (13 male/5 female). 9 Sites were selected for introduction of GeneXpert: Specialist Hospital Gombe, Zankli Clinic, NTBLTC Zaria, Infectious Disease Hospital Kano, Central Hospital Benin, Nigerian Institute of Medical Research, Mainland Hospital Lagos, Jericho Hospital Ibadan and Mile 4 Hospital Abakaliki. The assessment visits are scheduled for July 6-8 2011.

Nigeria was also selected for the Core Project on Capacity Building for CBOs. Ineke Huitema (KNCV) and Rose Pray (ATS) visited Nigeria from May 29-June 5 2011. They worked together with the following in-country partners: NTBLCP, NTBLTC, TB Network, WHO and KNCV. The following mentor organizations were selected for the project: Society for the Prevention and Eradication of Tuberculosis in Nigeria (Maiduguri) and Primary Health Care and Health Management Centre (Ibadan). The mentee organisations are: Community Based Initiative for Peaceful, Just and Healthy Society (Bauchi), Herwa Community Development Initiative (Maiduguri), , Living Hope Care (Ilesa) and Women Initiative for Family Empowerment (Ibadan). The following workshops were conducted during the visit: 1) Facilitators meeting (1 day) 2) Workshop (3 days) to strengthen participants competencies to build their organizations capacity and enabling their role to contribute to TB Control activities in their region (12 male/3 female) 3) Workshop (1 day) to strengthen the collaboration among stakeholders in the field of community involvement in TB control (17 male/8 female) 4) Workshop (1 day) to provide mentor CSO partners with the knowledge, skills and abilities that they will need to participate effectively as mentors of collaborating CSOs in TB Control (8 male/2 female). The next steps are: 1) finalization of work plans and budgets 2) resource mobilization (including seed grants in TBCARE I APA2).

In preparation of the TBCARE I APA2 Work Plan a Gap analysis of the National Strategic Plan was done on June 8-9 2011 by the NTBLCP in collaboration with KNCV. 9 Participants attended the meeting (7 male/2 female). The National Strategic Plan and other documents (Global Fund Plan Consolidated Round 9 as well as other national strategic documents were reviewed. In addition the participants brainstormed based on the gaps discussed during the Partners Coordination Meeting held on June 6-7 2011. A comprehensive document was obtained which will serve as basis for the preparation of the TBCARE I APA 2 workplan.

The Senior TB Consultant from KNCV (Remi Verduin) came for a Backstopping Visit to Nigeria from June 13-24 2011. He joined the in country team on the field trip to Kano during the USG Evaluation Visit and he joined Victor Ombeka (Consultant KNCV Regional Office Kenya) on the PMDT TA Mission during which the National MDR Guidelines were finalized and the SOPs for sample/patient transport were developed. Highlights. See additional activities.

The FMOH appointed a new NTP Manager in the person of Dr. Segun Obasanya (former Principal NTBLTC Zaria). Several meetings were called by the new programme manager which were attended by the TBCARE I partners. The review of the TB/HIV and HCT Training Materials as well as the TOT on TB/HIV and HCT were an example of a coordinated approach to support for the NTBLCP (see success story COP workplan).

#### **Overall work plan implementation status**

The overall work plan implementation is 11%. Due to the late signing of the agreement with WHO the in- country WHO office did not yet have funding available for the implementation of activities in the quarter under reporting. A request will be sent to USAID for the extension of 1 quarter for WHO specifically.

Most outstanding activities of the other partners have now been planned and inserted into the schedule of the National TBL Control Programme. This will ensure implementation before the end of the year (September 2011).

Early August 2011 a discussion will be held with all partners to look at possible savings, need for extensions and possible reprogramming of activities.

#### **Technical and administrative challenges**

See above.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	NA	NA
Number of MDR cases put on treatment	23	25

\* January - December 2010    \*\* January - June 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1.1	Increased TB case notification	TB case notification (new smear positive cases)	Number of new smear positive cases notified	44,683	51,800		Annual data to be reported at end of year	
1.2	Increased number of TB suspects referred by community volunteers in selected LGAs	Number of TB patients detected through referral by community volunteers in selected LGAs	Number of new cases detected through referral by community volunteers in the selected LGAs	6,140	8,500			
1.3	Improved quality of health service delivery in focus states	Treatment success rate	Number of new smear positive cases who were successfully treated	78%	82%		Annual data to be reported at end of year	

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
2.1	Improved access to diagnosis	Lab coverage (AFB microscopy labs)	Number of AFB microscopy labs divided by the population	1/148,148 (1026 labs)	1/139,437 (1152 labs)		Annual data	































2.2	Improved quality assurance system for AFB microscopy labs	Percentage of labs performing with >95% concordance	Number of labs performing AFB microscopy with >95% correct results (concordance) divided by the total number of labs assessed times 100	NA	80%		Annual data	
2.3	Increased access to culture and DST	Lab coverage (culture and DST labs)	Number of labs performing culture divided by the population	1/51,666,666	1/30,400,000		Annual data	













Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
4.1	Increased access to MDR diagnosis	Proportion of MDR suspects tested	Total number of MDR suspects tested divided by total number of MDR suspects (according to algorithm) times 100	NA	15%		47 patients were referred during the quarter and all were tested (M=29; F=18)	
4.2	Increased access to MDR Treatment	Proportion of confirmed MDR patients put on treatment	Number of confirmed MDR patients put on treatment divided by the total number of confirmed MDR patients times 100	18%	40%		25 patients put on treatment. This is based on the capacity of the ward.	There is no routine surveillance yet. There is a list of diagnosed cases which need to be reconfirmed. The GeneXpert machines have not yet arrived and suspects will only be tested in the next quarter.
4.3	Strengthened PMDT Linkages	Increased number of MDR suspects referred	Increased number of MDR suspects referred	NA	1200		See 4.2 Challenges	

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
6.1	Improved TB service delivery	Number of TB suspects screened	Number of TB suspects screened	303.130	350,000		Annual data	
6.2	Improved case notification in model clinics	Percentage increase in TB case notification in the selected model clinics	Percent change in the number of TB cases notified in the current year compared to previous	NA	15%		Activity yet to be implemented	
6.3	Increased capacity on MOST for TB	Proportion of trained program managers who developed an annual action plan	Total number of trained program managers who developed an annual action plan divided by total number of trained program managers	NA	100%		Same as above	


















Technical Area		7. M&E, OR and Surveillance						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
7.1	Improved data quality	Proportion of health facilities with accurate data (assessed during semi annual data audit)	Number of facilities with accurate data divided by total number of facilities assessed during semi annual data audit	NA	80%		Activity to commence in quarter 3	















## Quarterly Activity Plan Report






Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
1.1 Increased TB case notification	1.1.1	Support National PPM Steering Committee (2)	WHO	17,332	 0%	Aug	 2011	Activity planned with the central unit of the NTBLCP for 3rd quarter and will be held tentatively on the 10 August 2011.
	1.1.2	Support State PPM Steering Committees (6)	WHO	58,638	 0%	Aug	 2011	Activity is planned to occur at the affected states in August 2011
	1.1.3	Support HDL Meetings (6 hospitals)	WHO	4,810	 0%	Aug	 2011	Same as above
	1.1.4	Develop SOPs for implementation of HDL activities	WHO	4,543	 0%	Aug	 2011	Same as above
	1.1.5	Support salaries WHO Staff	WHO	207,865	 75%	Apr	 2011	This is on-going
	1.1.6	Support WHO Staff to attend international conference	WHO	15,881	 0%	Oct	 2011	Activity is planned for October 2011
	1.1.7	Advocacy visits to selected states (TB Outreach)	WHO	481	 0%	Sep	 2011	Activity was postponed to Q4, 2011
	1.1.8	Sensitization/training community/religious leaders	WHO	2,405	 0%	Sep	 2011	Activity was postponed to Q4, 2011
	1.1.9	Training GHWs (TB Outreach)	WHO	4,810	 0%	Sep	 2011	Activity was postponed to Q4, 2011
	1.1.10	Develop/print cultural specific IEC materials (TB Outreach)	WHO	6,833	 0%	Sep	 2011	Activity was postponed to Q4, 2011
	1.1.11	Conduct TB Outreach Campaigns	WHO	63,638	 0%	Sep	 2011	Activity was postponed to Q4, 2011
	1.1.12	Advocacy visits to tertiary institutions (HDL)	WHO	5,543	 0%	Aug	 2011	Activity is planned to occur at the designated health facilities in August 2011
	1.1.13	Conduct HDL workshop in tertiary institutions (HDL)	WHO	3,398	 0%	Sep	 2011	Activity will follow after activity 1.1.12 as above
	1.1.14	Develop/produce cough signage (HDL)	WHO	550	 0%	Sep	 2011	Prototype cough signage has been developed for WHO supported intensified case finding in health facilities. With WHO TBCARE 1 funds, extra copies of the cough signages will be produced for the selected health facilities
	1.1.15	Support HDL Meetings (HDL)	WHO	1,237	 0%	Aug	 2011	This activity has been planned to occur in August 2011.

	<b>1.1.16</b>	Distribution drugs from CMS to Zones to States	KNCV	80,008	 50%	Sep	 2011	Drug distribution from Zonal to State Level has been supported through the ILEP organizations (Damien Foundation Belgium, German Leprosy and TB Relief Association, Netherlands Leprosy Relief, The Leprosy Mission Nigeria) . With savings one round of distribution from State to LGA (Local Government Area)/facility level has been supported.
1.2 Increased number of TB suspects referred by community volunteers in selected LGAs	<b>1.2.1</b>	Organize expert meeting to review National CTBC Guidelines/SOPs for referral	WHO	9,620	 0%	Aug	 2011	This activity is planned to take place 15-19 August 2011
	<b>1.2.2</b>	Print new CTBC Guidelines/SOPs for referral	WHO	16,034	 0%	Sep	 2011	The printing will follow after activity 1.2.1 above
	<b>1.2.3</b>	Maintain existing project staff (4LGAs)	FHI	136,937	 50%	Apr	 2011	Activity is ongoing. 4 Community Health Officers (CHOs) maintained in Udi, Kachia, AMAC and Bauchi LGAs.
	<b>1.2.4</b>	Training new staff of CBOs on project management	FHI	13,842	 25%	Jun	 2011	CBO in Udi LGA were trained on project management within the quarter while other CBOs from the remaining LGA will be trained in quarter 3 - July, 2011. Key sessions include Overview of CTBC activities, workplan development, reporting, financial management, monitoring & supervision as well as leadership skills.
	<b>1.2.5</b>	Support monthly CTBC meetings at LGA level	FHI	15,251	 50%	Jul	 2011	CTBC committees met during the quarter in AMAC, Udi and Kachia LGAs to review progress of implementation of CTBC activities both in the community and facilities: Specific issues discussed centered on sustaining activities of community volunteers through continuation of monthly stipend initially approved by AMAC, Udi LGA but yet to be approved in Kachia LGA. Bauchi and Kachia witnessed post election crisis during the quarter hence the inability to hold the scheduled number of meetings. Udi LGA also had some issues within the LGA system and this affected the plans to hold the meeting. These challenges are being addresssed and it is expected that the meetings will be held as scheduled in Q3.


























<b>1.2.6</b>	Support monthly monitoring of CTBC activities in 4 LGAs	FHI	15,251	 50%	Jul	 2011	O12 supervisory visits took place within the quarter to ensure proper documentation and effective referral linkage of TB suspects in the community with TB services in supported CTBC sites. 6 AMAC, 1 Bauchi, 4 Udi and 1 in Kachia. The visits were conducted by the Community TB officers at the LGAs to facility staff in supported PHC sites. Facility staff were mentored properly in documentation and collection of CTBC custom indicators.
<b>1.2.7</b>	Support agreements with LGAs	FHI	13,514	 50%	Jul	 2011	CBOs in 4 LGAs have been supported to implement CTBC activities. These include CTBC committee meetings, advocacy visits to community and LGA stakeholders, community mobilisation and supervision and support for CV activities.
<b>1.2.8</b>	Organize TOT for TB FP of TB Network	KNCV	30,324	 0%	Aug	 2011	Activity Planned for August 9 -12 2011
<b>1.2.9</b>	Support CTBC activities PLAN	KNCV	25,824	 50%	Jul		Ongoing - no detailed report available from DFB.
<b>1.2.10</b>	Organize stakeholders meeting to develop M&E Framework for TB Network	KNCV	9,757	 0%	Jul	 2011	Activity planned for July 27-29 2011
<b>1.2.11</b>	Support CTBC referral network	FHI	26,346	 50%	Apr	 2011	Within the quarter, identified TB suspects were linked to DOTS facilities through the existing network in AMAC, Kachia, Udi and Bauchi LGAs. During on-site visits, issues concerning incomplete referrals among identified suspects in the community were addressed by ensuring availability of referral tools and proper documentation.
<b>1.2.12</b>	Provide logistics for contact tracing and patient tracking (CTBC)	FHI	10,703	 50%	Jun	 2011	Logistic support was provided through the 4 CBOs to CVs in Udi, Kachia, AMAC and Bauchi LGAs in tracking TB patients on treatment as well as referring TB contacts. During the quarter, CVs conducted home visits where contacts of patients on treatment were referred to facilities for TB screening.
<b>1.2.13</b>	Conduct community dialogue with community and religious	WHO	4,810	 0%	Aug	 2011	This activity is planned to take place 22-26 August 2011
<b>1.2.14</b>	Build capacity of CBOs/CSOs registered with TB Network	WHO	6,963	 0%	Aug	 2011	This activity is planned to take place 29-31 August 2011










1.3 Improved quality of health service delivery in focus states	<b>1.2.15</b>	Orientation Community Health Workers	WHO	33,121	 0%	Aug	 2011	As above
	<b>1.2.16</b>	QMs community and religious leaders	WHO	14,430	 0%	Sep	 2011	The activity will follow after activity 1.2.14 and 1.2.15 above
	<b>1.3.1</b>	Conduct assessment NTBLCP supervisory system	MSH	31,035	 0%	Jul	 2011	Planned for July, 2011
	<b>1.3.2</b>	Develop supervisory framework	MSH	22,852	 0%	Aug	 2011	Planned for August , 2011
	<b>1.3.3</b>	Orientation key NTBLCP staff on supervisory framework	MSH	90,662	 0%	Sep	 2011	Planned for September, 2011
	<b>1.3.4</b>	Support supervision NTBLCP Zonal Coordinators	KNCV	38,919	 0%	May	 2011	Pending - to be discussed with the NTBLCP on actual planning of the activity.
	<b>1.3.5</b>	Organize quarterly supervision coordination meetings	KNCV	26,584	 75%	Apr	 2011	2 Quarterly Supervision Coordination Meetings were held in collaboration with the NTBLCP. <u>The first meeting</u> was held from April 28-29 2011. 28 participants (20 male/8 female) from different organizations attended: NTBLCP, NTBLTC, FCT STBLCP, WHO, ILEP and KNCV. The following issues were discussed and decided upon: 1) 8 key challenged states identified for mentoring using specific criteria 2) Mentoring teams formed with their TOR. 3) The E-group, reporting format and flow of supervisory reports were determined 4) The TOR and frequency of supervision coordination meetings were determined. The activity is linked to activity 1.3.6. (actual mentoring visits). <u>The second meeting</u> was held immediately after the new National Coordinator resumed office on June 6-7 2011. 44 Participants from various organizations attended the meeting (32 male/12 female). The current gaps of the NTBLCP were identified and possible solutions were proffered. The identified gaps were used for the gap analysis exercise in preparation of the TBCARE I APA2 work plan. Funding was leveraged with funding from WHO.

	<b>1.3.6</b>	Organize monthly mentoring visits to problem states	KNCV	69,189	 0%	May	 2011	The mentoring approach was developed during the first quarterly supervision coordination meeting (see 1.3.5). The first round of mentoring visits was planned for the months of June/July 2011. By the end of the quarter 3 out of 9 states were visited due to the high workload at state level. The following challenges were found in the visited states: 1) Lack of clear job descriptions and organograms 2) Low programme capacity on statistics (calculation of reportable indicators 3) Lack of comprehensive filing systems 4) Work plans (if available) consist of GF activities only 4) ineffective supervision. Recommendations were made as follows: 1) Use of innovative methods to increase case detection 2) Need for good office space in Lagos 3) Strategic DOTS expansion, especially PPM in Lagos and Enugu 4) Lab expansion in Lagos & Enugu 5) (Re)training of LGTBLS and Refresher Courses for State Team members.
	<b>1.3.7</b>	Specific mentoring Lagos State by GLRA MA	KNCV	12,259	 50%	Apr	 2011	2 mentoring visits were paid to Lagos State by GLRA MA during the quarter. The finding of the visit indicates a weak state TBL team . Most of the state TBL supervisors were trained last since 2003; thus the need to strengthen the state team urgently.
					 <b>16%</b>			

		2. Laboratories					Planned Completion		Cumulative Progress and Deliverables up-to-date
Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year		
2.1 Improved access to diagnosis	2.1.1	High level TA for assessment lab network	KNCV	48,928	<div><div></div></div> 0%	Aug	<div><div></div></div> 2011	Planned for August 1-12 2011. TA will be provided by Linda Oskam (DTLab) and Valentina Onisimova (KNCV Regional Office Nairobi).	
	2.1.2	Renovation of AFB microscopy labs (In collaboration with ILEP (75 labs - see other workplan))	KNCV						












	<b>2.1.3</b>	Procurement of microscopes	KNCV	147,453	 25%	Aug	 2011	Awaiting waiver approval from USAID Washington. All preliminary work has been done.
	<b>2.1.4</b>	Maintenance of microscopes	KNCV	4,054	 0%	Sep	 2011	
2.2 Improved quality assurance system for AFB microscopy labs	<b>2.2.1</b>	Training on laboratory safely	FHI	18,382	 0%	Jul	 2011	
	<b>2.2.2</b>	Training on equipment maintenance	FHI	35,230	 0%	Jul	 2011	
	<b>2.2.3</b>	Training lab personnel on Good Clinical Lab Practice	FHI	36,675	 0%	Jul	 2011	
2.3 Increased access to culture and DST	<b>2.3.1</b>	Support National Lab Technical Working Group	WHO	5,450	 0%	Jul	 2011	
	<b>2.3.2</b>	Support quarterly supervision NRLs to ZRLs	WHO	14,018	 0%	Jul	 2011	
	<b>2.3.3</b>	Support TA by SNRL	WHO	15,176	 0%	Jul	 2011	
					 <b>3%</b>			

4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date	
Outcomes					Month	Year		
4.1 Increased access to MDR diagnosis	4.1.1	Upgrade NIMR to BSL-3	FHI	256,611	 25%	Sep	 2011	Initial assessment done and MoU developed specifying stakeholders roles and responsibilities shared with all stakeholders for signatories. During the quarter, architectural design was shared with a South African Air filter specialist team to advise and improve on the BSL3 HVAC system. That was completed and the contract is being processed.
	4.1.2	Procurement GeneXpert and consumables	KNCV	115,428	 50%	Jul	 2011	The GeneXpert machines (5) and cartridges (1000) were procured through the National Inkoop Centrum. The PMU selected Nigeria for the Core Project on Rapid Expansion of GeneXpert through which an additional 4 machines and 200 cartridges were procured. The goods are expected to arrive in Nigeria by the end of July 2011.
	4.1.3	Procurement back up power supply	KNCV	33,784	 0%	Jul	 2011	After arrival of the GeneXpert machines/cartridges in country the back up power supply systems will be procured. Negotiations with local suppliers have started (inverter system).

<b>4.1.4</b>	Installation GeneXpert and back up power supply	KNCV	10,135	 0%	Jul	 2011	Pending arrival goods in Nigeria.
<b>4.1.5</b>	Development SOPs for implementation GeneXpert	KNCV	3,699	 0%	Aug	 2011	During the visit of the PMU Lab consultant in August the training materials will be adapted to the local situation. The staff of the 2 National Reference Labs will be trained to install the machines in the other selected health facilities.
<b>4.1.6</b>	Training/supervision staff on GeneXpert	KNCV	19,784	 0%	Aug	 2011	
<b>4.1.7</b>	Development SOPs/algorithm for sample transport	KNCV	8,649	 100%	Jun	 2011	The meeting was held from June 21-23 2011 in Kaduna. 17 Participants from different organizations attended (male 14/female 3). During three days the group worked intensively on the near-final National MDR-TB guidelines, the SOPs and the recording and reporting forms, taking into account the new WHO guideline updates from 2008 and 2011. Major changes were made regarding the following aspects: 1) Xpert MTB/RIF was accepted as screening test for DR TB suspects in national algorithm 2) Expansion risk groups to failures Cat I / failures Cat II / known contacts of MDR / other re-treatment cases: all relapses, RAD, others 3) Acceptance of 8 months intensive phase (i.s.o. 6 months) and 20 months total treatment period 4) Acceptance of 4 months hospitalization during intensive phase; all stable DR – TB patients to continue intensive phase treatment at the nearest DOT centers (this will allow increased enrolment in MDR wards) 5) Adaptation of the WHO 2008 R&R tools 6) SOPs for Community DR TB Care using Community Volunteers (CVs) and Treatment Supporters (TS) were presented and adapted. The following challenges were identified: 1) Transport of specimens to diagnostic facilities 2) Transport of patients to DR treatment initiation centers 3) Availability of Second Line Drugs (SLDs) 4) Patient and health worker enablers and incentives.
<b>4.1.8</b>	Support technical staff	FHI	210,102	 50%			State Technical Officer (Lagos) and Associate Director MDR coordinate the implementation of MDR-TB program in Lagos and Kano respectively








4.2 Increased access to MDR Treatment	4.2.1	Upgrade MDR Treatment Centre	FHI	200,000	25%			IDH Kano was assessed by a team of technical experts for upgrade, architectural design finalized within the quarter and competitive bidding by contractors is in progress.
	4.2.2	Training state program staff on clinical and PMDT	WHO	20,386	0%	Sep	2011	Activity planned to take place from 26-29 September 2011 immediately after the TA on PMDT
	4.2.3	Training facility level staff on clinical and PMDT	FHI	15,144	0%	Sep	2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	4.2.4	Procurement consumables and tests	FHI	34,459	0%	Sep	2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	4.2.5	Conduct monthly joint lab/clinical team meetings	FHI	4,522	0%	Sep	2011	Planned for the month of September 2011
	4.2.6	In service training for staff of receiving health facilities	KNCV	40,000	50%	Sep	2011	Not yet reported
	4.2.7	Provide high tech consultancy for start of activities NIMR	FHI	19,698	0%	Sep	2011	To be done when MDR TB BSL 3 lab is fully activated
	4.2.8	Support movement samples to MDR treatment centers	FHI	3,425	0%	Sep	2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	4.2.9	Support movement patients to MDR treatment centers	FHI	9,632	0%	Sep	2011	To be done when full MDR TB treatment commences in Lagos Mainland Hospital and Kano, IDH.
	4.2.10	Train GHWs on IC National Guidelines	FHI	24,206	0%	Jun	2011	Scheduled to be conducted in Lagos in July and conducted in September in Kano
4.3 Strengthened PMDT Linkages	4.3.1	TA to strengthen PMDT linkages	KNCV	46,855	50%	Jun	2011	The first TA Visit was done by Remi Verduin (KNCV HQ: general backstopping) and Victor Ombeka KNCV RO Kenya) from June 19-25 2011. During the visit the SOPs for Sample and Patient Transport were developed (see activity 4.1.7). A second follow up visit will be made by the same consultants in November 2011.
	4.3.2	Provide TA on clinical and PMDT during JIMM/GLC/GDF	WHO	7,588	0%	Sep	2011	The TA for this activity already planned to be held from the 17-24 September 2011.
					18%			












<b>6. Health Systems Strengthening</b>					<b>Planned Completion</b>	<b>Cumulative Progress and Deliverables up-to-date</b>
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Outcomes			Lead Partner	Approved Budget	Cumulative Completion	Month	Year	
6.1 Improved TB service delivery	6.1.1	Renovations of DOTS clinics	KNCV		 50%			7 clinics were renovated by DFB during the quarter. The clinics are Oyo state (Ilora TBL Clinic, Ayete TBL Clinic and Moniya TBL Clinic) Osun state (Ede TBL Clinic, Oke Ble TBL Clinic, Asubiaro State Hospital, Ikoyi TBL Clinic). All were renovated in June. For the other ILEP partners this activity is postponed till next quarter
	6.1.2	Review and update Leadership and Management training	MSH	29,008	 100%	Apr	 2011	A three day workshop involving 10 experts (all males), from National Tuberculosis and Leprosy Training Centre Zaria, MSH, state coordinators, Local government TB supervisors and health workers was held from 16th-18th May in Abuja to review and update leadership and management training materials for LGA supervisors. The purpose of the workshop was to equip TB health professionals at the LGA level with relevant skills that would enable them to effectively manage and achieve targets for TB control in their areas. The output was the development of draft Leadership and management training materials adapted for TB LGA supervisors. The training materials will build the skill of supervisors to: <ul style="list-style-type: none"> <li>• develop and update operational and action plans</li> <li>• monitor project progress using monitoring and evaluation plan</li> <li>• think strategically when overcoming challenges using a 'challenge model'</li> <li>• supervise and mentor project teams</li> </ul>
	6.1.3	Leadership and Management training for program managers	MSH	87,843	 0%	May	 2011	Planned for August and September, 2011
	6.1.4	Expert meeting to review harmonized training materials	WHO	14,201	 0%	Jul	 2011	Activity planned in collaboration with the Training Institute, Zaria from 6th - 10th July 2011.
	6.1.5	Print harmonized training materials	WHO	25,196	 0%	Jul	 2011	The printing will follow after activity 6.1.5 above
	6.1.6	Meeting to develop HMIS Tools and Database	KNCV	8,649	 0%	Aug	 2011	Activity planned for August 23-25, 2011

6.2 Improved case notification in model clinics	<b>6.1.7</b>	Meeting to develop ACSM Toolkit and review of National ACSM Guidelines	WHO	14,201		Sep	2011	This activity is planned to take place in 5-8 September 2011
	<b>6.1.8</b>	Print ACSM Toolkit and National ACSM Guidelines	WHO	4,581	0%	Sep	2011	The printing will follow after activity 6.1.7 above
	<b>6.1.9</b>	Organize training on website maintenance	KNCV	1,946	0%	Jul	2011	Activity planned for July 2011
	<b>6.2.1</b>	Situation analysis on case detection practices in Nigeria	MSH	29,162	100%	May	2011	A situational analysis was conducted in 11 health facilities in Abuja, Kogi and Lagos states to assess TB case detection practices within health facilities by 2 teams of 4 persons each (4 females and 4 males). The assessment focused on the organization of health facilities for case detection practices from the reception to the clinic, knowledge and practices of health staff in TB case detection, availability of job aides and tools to assist staff to identify and diagnose TB, and the documentation of TB suspects and patients in the health facilities. The following gaps were found in the support system to TB case detection activities within health facilities : 1) Gaps in knowledge and skills of staff at each department/unit in the pathway of care of a TB case detection (there was little involvement of other staff besides TB clinic in TB case detection activities) 2) Job aides and other tools such as TB algorithms to assist health workers to identify and diagnose TB were lacking in many health facilities 3) Some gaps were identified in recording and reporting TB suspects and patients in different units/departments of health facilities. The output was an assessment report upon which the approach to improved TB case detection, Standard Operating Procedure (SOPs) was developed.
	<b>6.2.2</b>	Consensus building workshop to develop/review SOPs and tools for improved case detection	MSH	122,443	0%	Jul	2011	Planned for July 2011
	<b>6.2.3</b>	Evaluation implementation in pilot sites	MSH	31,035	0%	Nov	2011	Activity planned for November 2011



	<b>6.2.4</b>	Recruit Senior TB Officer	MSH	22,798	 25%	Jul	 2011	Completed. Technical advisor for MSH/TBCARE I reported on the 5th July.
6.3 Increased capacity on MOST for TB	<b>6.3.1</b>	Organize MOST for TB workshop for state teams in selected teams	MSH	61,935	 0%	Sep	 2011	Planned for September, however preparation for the MOST for TB workshop has begun. Consultation with NTLCP are on-going. Lead facilitator has been identified.
	<b>6.3.2</b>	Follow up MOST for TB	MSH	42,738	 0%	Nov	 2011	Activity planned for November 2011
					 20%			

		<b>7. M&amp;E, OR and Surveillance</b>				<b>Planned Completion</b>		<b>Cumulative Progress and Deliverables up-to-date</b>
<b>Outcomes</b>			<b>Lead Partner</b>	<b>Approved Budget</b>	<b>Cumulative Completion</b>	<b>Month</b>	<b>Year</b>	
7.1 Improved data quality	<b>7.1.1</b>	Meeting to develop TB Control Indicator Reference Booklet	KNCV	8,649	 0%	Jul	 2011	Activity Planned for July 12-14 2011
	<b>7.1.2</b>	Print TB Control Indicator Reference Booklet	KNCV	2,365	 0%	Aug	 2011	Activity Planned for August 2011
	<b>7.1.3</b>	Conduct semi-annual data audit in selected states	KNCV	48,811	 0%	Jul	 2011	Activity Planned for July 2011
	<b>7.1.4</b>	Conduct assesment for introduction e-TB manager	MSH	57,285	 0%	Aug	 2011	Planned for August
	<b>7.1.5</b>	Prepare implementation plan for the introduction of e-TB manager in year 2	MSH	12,684	 0%	Oct	 2011	Activity planned for October 2011
					 0%			

## Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
27.04.2011	27.04.2011	29.04.2011	Staffing and Operations	Office Rent	KNCV	41,878	1.1.17	Drug distribution State - L	KNCV	30,960
27.04.2011	27.04.2011	29.04.2012	2.1.3	Procurement of microscopes	KNCV	46,150	4.2.11	Purchase Cycloserine	KNCV	57,005

\* Detailed budget is attached

Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old Code	1. Universal and Early Activities from the Work Plan	Lead Partner	Remaining Budget
Mission	PMU	USAID				
				{Copy from the work plan}		

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New Code	1. Universal and Early Proposed New Activities	Lead Partner	Proposed Budget*
Mission	PMU	USAID				

\* Detailed budget is attached

**Quarterly Photos (as well as tables, charts and other relevant materials)**

### Success Story

FHI collaborated with the AMAC LGA (Local Government Area) and LGA TB team in marking World TB Day. The event which took place on March 24th, 2010 at the LGA abattoir, attracted the CBO-Catholic Action Committee on AIDS and other sub-CBOs, men, women, abattoir workers focused on the theme "On the move against tuberculosis; transforming the fight towards elimination".

FHI staff provided technical assistance and supported umbrella CBOs and NGOs to fully participate in the day's activities with guidance from the different LGA CTBC (Community TB Care) committees and LGA TBL (Tuberculosis and Leprosy) Supervisor. The major activities in the LGAs included health talks on TB, drama/role plays, rallies which aimed at creating awareness of TB and its treatment as well as disseminating information on how TB interacts with other diseases such as HIV. The event was concluded by a testimony shared by Mr. Mike Bogo, once a TB patient who is now cured of TB. The CV responsible for his follow up during the DOTs treatment served also as his treatment supporter. Currently his sputum smear result